

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS Web site (see information on electronic forms, p. 3.9).

- ☐ Face Sheet
- ☐ National Leadership Grants Program Information form
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, federally negotiated rate for indirect costs, if applicable
- ☐ Specifications for Projects That Develop Digital Products, if applicable
- ☐ Partnership Statement(s), if applicable
- ☐ Proof of nonprofit status, if applicable
- ☐ Organizational Profile(s)
- ☐ Resumes of key personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from planning activities (e.g., needs assessments, digitization plans)
 - ☐ Products or evaluations from previously completed or ongoing projects of a similar nature
 - ☐ Other _____
- ☐ 3.5-inch disk or CD, containing electronic copies of the Abstract, Narrative, and Specifications for Projects That Develop Digital Products, if applicable, formatted as a text file (.txt) or rich text file (.rtf). Be sure to include as a separate file your institution and project contact information.

Face Sheet

OMB No. 3137-0035

CFDA No. 45.312

1. APPLICANT ORGANIZATION

Legal Name _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ Congressional District _____
DUNS Number _____ Employer Identification Number (EIN/TIN) _____
Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____
Project Description _____

Grant Period Start Date _____ End Date _____
(must begin between 10/1/06–12/1/06)

3. PROJECT DIRECTOR

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 5)

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

CONTINUE TO ITEM 5

5. TYPE OF APPLICANT: CHECK THE ONE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Education
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCUs)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Nondomestic (non-U.S.) Entity
☐ Other (specify)_____

6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001)

☐ I Agree

*Certifications and assurances are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____
 Last Name _____ Suffix _____
 Title _____
 E-mail _____ Phone _____ Fax _____

Signature of Authorized Representative/Authorizing Official

Date Signed

National Leadership Grants Program Information

Legal Name (from Face Sheet) _____

1. Organizational Unit (if different from Legal Name): _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip+4/Postal Code _____

Web Address http:// _____

2. Enter the names of official partners of the applicant organization. _____

3. Type of applicant organization (check one):

- | | |
|--|--|
| <input type="checkbox"/> Academic library | <input type="checkbox"/> State museum library |
| <input type="checkbox"/> Library association | <input type="checkbox"/> Institution of higher education other than listed above |
| <input type="checkbox"/> Museum association | <input type="checkbox"/> Aquarium |
| <input type="checkbox"/> Museum library | <input type="checkbox"/> Arboretum/botanical garden |
| <input type="checkbox"/> Museum education program at an institution of higher education | <input type="checkbox"/> Art museum |
| <input type="checkbox"/> Museum studies program at an institution of higher education | <input type="checkbox"/> Children's/youth museum |
| <input type="checkbox"/> Public library | <input type="checkbox"/> General museum* |
| <input type="checkbox"/> Research library/archives | <input type="checkbox"/> History museum |
| <input type="checkbox"/> School library or school district applying on behalf of a school library or libraries | <input type="checkbox"/> Natural history museum |
| <input type="checkbox"/> School of library and information science | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Special library | <input type="checkbox"/> Science/technology museum |
| <input type="checkbox"/> State library agency | <input type="checkbox"/> Zoo |
| | <input type="checkbox"/> Specialized museum** |
| | <input type="checkbox"/> Other, please specify: _____ |

* A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

4. Is the applicant organization university controlled? ☐ Yes ☐ No

5. Governing control of the applicant (choose one):

☐ State ☐ County ☐ Municipal ☐ Private Nonprofit ☐ University ☐ Tribal government

☐ Other (please specify): _____

6. Amount Requested: \$_____
7. Cost Share Amount: \$_____
8. Total NLG Project Costs: \$_____
9. For museum applicants, provide the nonfederal operating income for the most recently completed fiscal year: _____ (year), \$_____.00
10. Check one type of project:
- ☐ Advancing Learning Communities
 - ☐ Building Digital Resources
 - Research and Demonstration:
 - ☐ Research
 - ☐ Demonstration

IMLS Staff Use Only:

First check:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	_____	Initials/Date
Second check:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	_____	Initials/Date

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐1 ☐2 ☐3 - Budget Period from _____ to _____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.12–3.15 BEFORE PROCEEDING.

SALARIES & WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

SALARIES & WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	SUBSISTENCE DAYS	COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$					_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET (CONTINUED)

Year ☐1 ☐2 ☐3

MATERIALS, SUPPLIES, & EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL MATERIALS, SUPPLIES, & EQUIPMENT COSTS \$		_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$ _____

INDIRECT COSTS

Read the instructions about Indirect Costs on pages 3.13–3.14 before completing this section.

Applicant organization is using (check one):

- ☐ An indirect cost rate that does not exceed 15 percent
☐ A current, federally negotiated indirect cost rate

Name of Federal Agency

Expiration Date of Agreement

- ☐ A proposed rate while negotiating a federally negotiated indirect cost rate (applicant must include a copy of the indirect cost proposal in the application)

Name of Federal Agency

Date of Proposal

Indirect Cost Calculations

_____% of \$_____ (modified direct IMLS costs) = \$_____ IMLS indirect portion

_____% of \$_____ (modified direct Cost Share costs) = \$_____ Cost Share indirect portion

Total indirect costs = \$_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGE 3.14 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES, & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____

TOTAL DIRECT COSTS \$ _____ \$ _____ \$ _____

INDIRECT COSTS* \$ _____ \$ _____ \$ _____

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF COST SHARE \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____
(INSTITUTIONAL COST SHARING) INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____

Specifications for Projects That Develop Digital Products

PART I. COMPLETE THE APPROPRIATE SECTIONS.

A. Converting Nondigital Material to Digital Format

1. Describe types and original formats of materials to be selected for digitization and quantity of each.

2. Identify copyright issues and other potential restrictions with regard to the original nondigital material.

☐ Public domain _____ % of total

☐ Permissions have been obtained _____ % of total

☐ Permissions to be requested _____ % of total. Plan to address: _____

☐ Privacy concerns _____ % of total. Plan to address: _____

☐ Other _____ % of total. Explain. _____

3. Describe how the newly digitized material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to digitized material, and specify what percentage if any of the total material will be subject to restrictions.

4. List the equipment and software, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server, A/D audio or video converter).

B. Creating New Digital Content

1. Describe types of materials to be created in digital form and quantity of each.

2. Describe plan to obtain releases/permissions from project content creators and subjects.

3. Describe disposition of ownership of the new product. Describe how the new product will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to the new content, and specify what percentage if any of the total material will be subject to restrictions. _____

4. List the equipment and software, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, audio recording equipment, video recording equipment, encoding software, server). _____

C. Repurposing Existing Digital Content

1. Describe types and formats of digital materials to be selected for repurposing and quantity of each.

2. Identify copyright issues and other potential restrictions with regard to the original digital material.

☐ Public domain _____ % of total

☐ Permissions have been obtained _____ % of total

☐ Permissions to be requested _____ % of total. Plan to address: _____

☐ Privacy concerns _____ % of total. Plan to address: _____

(Box C continues next page)

(Box C, continued)

- ☐ Other _____ % of total. Explain. _____
3. Describe how the repurposed material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to the repurposed material, and specify what percentage if any of the total material will be subject to restrictions.
4. List the equipment and software, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., MPEG encoder, nonlinear editing system, GIS software).

PART II. ANSWER ALL QUESTIONS.

1. Specify each type of file format (e.g., TIFF, JPEG, MPEG) to be produced and anticipated quality (e.g., minimum resolution, depth, tone, pixel dimensions, file size, sampling rate) of each.

Master _____

Access _____

Thumbnail _____

2. Describe the delivery medium that will be used (e.g., Internet, broadcast, DVD). _____

3. Describe the underlying software to manage and/or present the content (e.g., DSpace, Fedora, ContentDM). _____

4. Describe the quality control plan. _____

5. Explain how descriptive and administrative metadata will be produced and used to describe and manage the content. Include the standards that will be used for data structure, content (e.g., thesauri), protocols, preservation and administrative information, and communication of the content (e.g., MARC, EAD, Dublin Core, PBCore, VRA Core Categories, or Categories for the Description of Works of Art).

6. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans, commitment of institutional funding).

7. If content will be provided on the Internet, indicate agreement to submit collection level records for digital products to the IMLS Digital Collection Registry. State reasons for selecting alternative approaches.

8. Provide URL(s) for applicant's previous digital products, if applicable. _____

Partnership Statement

Use this format to provide information on each formal partnership. Information about partnership applications is on page 1.4. All partners must sign a Partnership Statement.

1. Applicant organization (partner 1) name: _____
2. Partner organization name: _____
3. List the partner's key roles and responsibilities in the project:

We, the undersigned partner organization, agree to the following:

- We will carry out the activities described above and in the application Narrative.
- We will use any federal funds we receive from the applicant organization in accordance with applicable federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
- We assure that our facilities and programs comply with the applicable federal requirements and laws as set forth in the program guidelines.

Signature of Partner Authorized Representative/Authorizing Official

Date

Name and Title of Partner Authorized Representative/Authorizing Official (Type or Print)

Organizational Profile

Provide a separate organizational profile for the applicant and for each formal partner. Information about partnership applications is on page 1.4. All formal partners also must sign a Partnership Statement (see p. 5.15).

For the lead applicant:

1. Applicant organization name: _____
2. Organization mission: _____

3. Organization service area (audience served, including size, demographic characteristics, and geographic area): _____

For each formal partner:

1. Partner organization name: _____
2. Partner DUNS number: _____
3. Partner mailing address: _____

4. Partner project contact name: _____
Title: _____ Phone: _____
E-mail: _____
5. Governing control of partner (choose one):
☐ State ☐ County ☐ Municipality ☐ Private nonprofit ☐ University ☐ Tribal government
☐ Other (please specify): _____
6. Partner type of organization (from list on National Leadership Grants Program Information form, p. 5.5): _____

7. Partner organization mission: _____

8. Partner organization service area (audience served, including size, demographic characteristics, and geographic area): _____

